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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-21)//  
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(950166)-49-Year-Old Baby Receives Plaque from Surgeon General  
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HEADLINE: 49-Year-Old Baby Receives Plaque from Surgeon General  
NMCL Philadelphia (NSMN) -- On 15 May, Navy Surgeon General VADM Donald F. Hagen, MC, presented a plaque to Mrs. Betty Jean Devlin to commemorate the first baby born in Naval Hospital Philadelphia. Devlin and her mother, Mrs. Carmela Cervo, were guests of Naval Medical Clinic Philadelphia and attended the Command Award Ceremony held during the visit to the clinic by Hagen and HMCM(SS) Michael Stewart, Navy medicine's Force Master Chief.

Naval Hospital Philadelphia was commissioned on 12 April 1935; however, no obstetrical services were available until after World War II. Pregnant women in the Philadelphia area were sent to Naval Hospital St. Albans, NY, when it was time to have their babies. Cervo, a native Philadelphian, holds the distinction of having the "First Baby" in Naval Hospital Philadelphia on 19 February 1946.

On 30 September 1991, Naval Hospital Philadelphia was disestablished, with inpatient care discontinued, and the hospital was redesignated as Naval Medical Clinic Philadelphia. On 30 September 1995, in accordance with Base Realignment and Closure III legislation, the command will be disestablished,

coinciding with the closure of the naval station and shipyard.  
Story by CDR Joan M. Pate, NC

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HEADLINE: Marines Come Through in Face of Disaster

MARFORRES New Orleans (NSMN) -- In the wake of the most devastating storm to hit the New Orleans area in more than 200 years, a group of Marines and Sailors from Marine Forces Reserve demonstrated the quick response and "can do" attitude synonymous with the Navy/Marine Corps team.

Late in the evening of Monday, 8 May, a ravaging thunderstorm dumped more than 23 inches of rain on parts of Louisiana. Slidell, a subdivision in the greater New Orleans area, was the hardest hit. Thousands of residents were forced to stand by and watch as their homes filled with water and automobiles literally floated away. Almost immediately, the National Guard was called in and evacuation centers were opened up. As the situation escalated, Guardsmen and other rescue personnel worked feverishly to evacuate residents, but the relentless downpour taxed their efforts. Around midnight, the call went out to the Marines.

Recognizing early-on the potential threat of the ensuing storm, Capt Christopher P. Bazin, USMC, assistant inspector/instructor in New Orleans, began preparing for the worst.

"On the morning prior to the storm, we started to marshal gear and do some preliminary coordination with the chief of staff," Bazin said. "When the time came, we were ready to go."

In less than two hours, 46 Marines and five Navy corpsmen had been assembled and, with three five-ton trucks, seven humvees, and one water buffalo, they were enroute to the flood-stricken area. While corpsmen used two humvees as ambulances, Marines, along with other service members from the Army and Coast Guard, immediately went to work driving along flooded streets and evacuating residents. They worked through the night transporting flood victims to temporary shelters, handing out MRE's and coordinating with law enforcement officials to ensure that all victims were transported to safety.

Within 37 hours of being called, the Marines had assisted in the evacuation of more than 2,500 Slidell residents, and corpsmen had treated 26 flood victims. Despite the devastation, Marines and Sailors managed to inspire an occasional smile and even a few hugs.

According to one resident who angrily watched as water crept into each room of her home and then up the walls, the sight of Marines coming down her street is one she will never forget.

"I didn't believe this was happening to us," said Barbara L. Branham, an 11-year resident of Slidell. "When I saw that big truck with those Marines, I knew it was pretty serious and I was just glad they were here."

"The Marines came out here with a great attitude, and a lot of morale," said Ben O. Morris, Slidell chief of police. "The coordination with the other services combined with the good equipment and personnel was brilliant."

Morris, a retired Army colonel, said that while they all hope this never happens again, if it ever did, he would definitely call the Marines.

According to Bazin, it's all in a day's work. "It's nothing new," Bazin said. "It all goes back to the basics of being ready to go when the time comes, and we were. We're Marines, and this is what we do."

Story by Sgt Steven Turner, reprinted from MCNews 19-95

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HEADLINE: Navy Medicine honored by American College of Physicians

ACP Atlanta (NSMN) -- Four Navy residents representing Naval Medical Center Oakland, CA, Naval Medical Center San Diego and National Naval Medical Center Bethesda, MD, were invited to compete in the National Residents Competition during the 76th annual scientific session of the American College of Physicians. LT Marcus Howell, MC, of San Diego and LT John Hill, MC, of Bethesda were among the 10 award-winning finalists selected from over 60 residents presenting clinical vignettes at the session, held in Atlanta 16-19 March 1995.

During the Board of Governors Award Luncheon preceding the scientific session, CAPT John Mitas II, MC, accepted the Evergreen Award for excellence and innovation in Chapter meetings on behalf of the U.S. Navy Region of the College. This significant recognition was received for the second meeting ever held by the Navy Region, which was hosted by Naval Medical Center Oakland. CAPT H. Jakob Michenfelder, MC, and LT Eric Rasmussen, MC, were the Program Chairmen for the meeting, which featured medical education of house staff.

The 87,000-member American College of Physicians is the largest specialty medical organization in the world comprised of internists and subspecialists in internal medicine.

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HEADLINE: How to Become an OR Tech

NNMC Bethesda, MD (NSMN) -- OK, so you love watching all those TV shows about hospitals. So you imagine yourself a pivotal participant in the high drama of saving a patient's life. So you have decided you missed your calling, that of being a world-renowned, as well as a rich and famous, surgeon.

Well, it's not too late to become an OR tech.

A what?

An OR tech.

Officially called surgical technologists, they are the folks who stand at the operating table and hand surgical instruments to the doctor. On TV, when you hear the demand, "scalpel," the tech is the one who slaps that scalpel into the doctor's hand. The tech is also the one who assists, holds the retraction or helps suture the patient. This is in addition to providing direct patient care while the patient is awake, both before and after surgery.

This skill not only provides a very satisfactory career in the Navy, but is a very marketable skill in the outside world, one that can pull in \$13-\$15 or \$15-\$18 per hour, depending on

the region. Instructor HM2 Sheri Hayes said that Navy techs can step right outside without any additional training, that they can sit for the accreditation exam, and that the military at most commands are paying for that exam now.

She described what it takes to enter this field. "You have to graduate from an accredited school. We have the only accredited school in the Maryland area right here at NNMCMC. There are only two Navy schools on the east coast, here and Naval Medical Center Portsmouth, and one on the west coast, at Naval Medical Center San Diego."

Who is eligible to attend the school, and what do you have to do if you want to attend? "Anyone of any age is eligible as long as he or she has completed 'A' school, is E-5 or below and is a corpsman or dental tech," said Hayes. "If you are interested, contact your career counselor and pick up a packet which contains the request for 'C' school. You could get in within maybe a year. NNMCMC offers three to four classes a year, depending on rotation, and new classes start about every three months." Graduates incur a three-year service obligation.

Hayes said that the school here lasts six months, whereas schools on the outside last 18 months to two years. "The reason for this is our course is concentrated into eight hours a day, whereas civilians attend only two to three hours a day. The course consists of surgical anatomy and physiology classes, and learning about surgical instruments, supplies and equipment. Students also learn how to sterilize the instruments and how to care for the patient before, during and after surgery." The school is accredited by the American Medical Association's Commission on Accreditation of Allied Health Educational Programs.

Hayes emphasized that the National Naval Medical Center's course is rigorous. "It is a very strict process. The first two months are spent in the classroom, where we train the students to do mock surgery -- practicing on mannequins. We also take students on tours of the operating room, and half the course is spent actually doing surgery with a doctor. Some people have gotten faint the first or second time, but they get over that.

"They watch the first couple times, and an instructor is with them when they first actually assist the surgeon. They are pretty much on their own after three months -- but they are always watched and evaluated. They are not left alone, but are pretty much working independently.

"After they graduate, they go to ships, to the Marines, overseas or stateside. They can go anywhere."  
Story by Teal Ferguson

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HEADLINE: Family History of Cancers Impacts on Cancer Risk

AMA Chicago (NSMN) -- Another study helps confirm that a woman's family medical history has an impact on her risk of getting ovarian cancer, according to an article in the 8 May issue of the American Medical Association's Archives of Internal Medicine.

Richard A. Kerber, Ph.D., and Martha L. Slattery, Ph.D.,

from the Department of Family and Preventive Medicine, University of Utah School of Medicine, Salt Lake City, UT, found: "The results of this study confirm the widely reported finding of a strong familial influence on the incidence of ovarian cancer and add considerable detail beyond results previously reported. ...

"In addition to family history of ovarian cancer, family histories of cancers at other sites, especially uterine, pancreatic, skin, and breast cancer, were found to be associated with risk of ovarian cancer."

The researchers studied 662 patients using the Utah Population Data Base, consisting of more than one million genealogical records from the Utah Family History Library which have been linked to incidence data from the Utah Cancer Registry, and birth and death records from the Utah Division of Vital Statistics. The search showed that women whose nearest relative with ovarian cancer was a sibling have more than three-and-a-half times the risk of contracting ovarian cancer than women who had no siblings with ovarian cancer.

A risk of slightly more than three times the norm was observed among women having any first-degree relatives (i.e., a mother or sister) with ovarian cancer when comparing them to those with no affected first-degree relatives or with those with no affected relatives at all. Women with second-degree relatives (i.e., a grandmother or aunt) having ovarian cancer were also at substantially increased risk.

In addition to a family history of ovarian, uterine, pancreatic, skin, and breast cancers being associated with the risk of ovarian cancer, statistics showed family histories of colon cancer and bone cancer to be strongly associated with specific cell types of ovarian cancer, but not with others. A family history of prostate cancer did not elevate risk of ovarian cancer.

The study suggests women with a genetic predisposition to develop ovarian cancer do not increase their risk if they have small families, contrary to popular belief. However, women who do not have such a genetic predisposition are strongly protected by having larger numbers of children.

Ovarian cancer is the fifth most common cancer among American women. Kerber writes that it kills approximately 13,000 women annually in the United States and that the five-year probability of survival is less than 40 percent.

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EDITORIAL: Thorough Medical History Helps Detect Ovarian Cancer

In a separate editorial on this topic, Steven A. Narod, M.D., from the Department of Medicine at Montreal General Hospital, Montreal, Quebec, writes that 88 percent of families with a genetic predisposition for ovarian cancer will have a mutation in their BRCA1 gene on chromosome 17q. "If genetic medicine is to have a beneficial impact on cancer mortality, it is crucial to identify the families at risk. This is done simply by taking a family history. By asking about a history of breast or ovarian cancer in sisters, mothers, grandmothers, and aunts (maternal and paternal), the majority of cases of hereditary

ovarian cancer will be identified. Only after this crucial first step is taken can genetic testing be considered and preventive measures discussed."

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HEADLINE: HEALTHWATCH: Take This Information and Run With It

USNH Yokosuka, Japan (NSMN) -- With warmer weather and an increased emphasis on physical readiness, more and more people will begin a running program to meet their fitness goals. Whether you are a beginner or an experienced runner, some common sense tips can make your exercise more enjoyable and injury free. When beginning a new running program, procuring proper footwear should be the first step in your plans.

Shoe selection is based on several factors. First, you must know the shape of your foot. Foot shape is determined by the shape of your arch -- high arch, normal, or flat feet.

A high arch (pes cavus) usually indicates that a person has a very rigid foot when the foot hits the ground. This type of foot does not absorb shock well because most of the stress is on the outside of the foot. This type of foot motion is called supination.

Flat feet (pes planus) indicates that a person has little or no arch. Much like a high arch, the flat foot does not absorb shock efficiently, but for the opposite reason. Since little or no arch is present, the foot tends to turn in too much. This type of foot motion is called over-pronation. Over-pronation is more common than supination -- 50 percent of people over-pronate vice 1 percent supinate -- and the potential for injury is much less.

Once you have evaluated your foot, it is time to head to the shoe store. The best advice is to find someone who is knowledgeable about running shoes. Most fitness stores and sporting catalog companies have sales agents who are experienced runners. If they don't, or if the sales agents aren't familiar with the terms described in this article, find a friend who is. Many serious runners will seek the advice of a podiatrist (foot doctor).

For those with a normal foot, a semi-curved shoe is the best shape. This will provide good balance, stability and flexibility. All brands of shoes have a model of this type. Find one that feels good and buy it. Beginners and noncompetitive runners with a normal foot should be able to find a good pair of shoes for under \$60. As more features are added to the shoe, the cost rises. The motto here is, "Don't buy a Cadillac if you only need a Gremlin."

An over-pronator needs to look for a shoe with a straight to semi-straight shape with a board last. The flatter the foot, the more you want to move toward the straight shape. Over-pronators require a shoe with motion control devices to control the inward motion of the foot.

Those who supinate need to look for a shoe with a curved shape with a slip last. The slip last shoe is the most flexible which is required for this type of foot. This shoe should have a firm heel counter to help prevent ankle sprains.

Other considerations when purchasing running shoes include your body weight, type of running performed, and amount of mileage. Heavy runners (men over 180 pounds, women over 150 pounds) and those who heel strike may consider a shoe with added cushioning. This is important for injury protection, as your body is subjected to forces three times your body weight on each heel strike.

For those who run on uneven surfaces, off-road running shoes are usually built with a wider base of support and have features such as increased traction on the sole of the shoe, reinforced stitching, and toe bumpers.

Racing flats and track shoes are built specifically for race day, and are not designed to be training shoes. These shoes have minimized cushioning, support and motion control to decrease the weight of the shoe.

Lightweight shoes are constructed with specialized materials that are appropriate for those training long distances (greater than 25 miles per week) and for racing long distances.

After selecting a shoe model, achieving proper fit is the next step. When trying on your shoes, try to shop late in the day, to allow your feet to swell to their normal size.

If one foot is larger than the other, buy the shoe to fit the larger foot. Also, take along a pair of running socks and any arch supports or orthotic devices you wish to place in your shoe. The fit should comfortably accommodate your foot and any devices you place in your shoe.

Before trying the shoes on, place them next to each other on a flat surface. If a shoe tilts to either side, ask for a different pair.

When trying the shoe on, you should be able to wiggle your toes but not have your foot slip in the shoe. Also, your longest toe should be one-half to the full width of your thumbnail from the front of the shoe, and the top of your foot should not press firmly against the top or the sides of the shoe. Many times this is caused when adding an orthotic device to the shoe. Try removing the innersole provided by the manufacturer to obtain a better fit.

When walking or running, make sure the shoe bends where your foot does. A good shoe always does this.

Finally, with the ball of your foot on the ground, you should not be able to raise your heel out of the shoe.

Now that you have your shoes, it is very important to care for them properly. Most running shoes will last 300-500 miles or six months, whichever comes first. The life of the shoe depends on the conditions in which you run, the type of shoe that you purchase, and how well you care for your shoes.

Wet conditions and extremes in temperature are the hardest on shoes. If you run when it is raining or hot, the shoe is exposed to increased amounts of water and sweat. Lightweight shoes have decreased cushioning and therefore require more frequent replacement.

To extend the life of your shoes, buy two pairs and never wear them for anything but running. Giving your shoes an extra day to recover from a run and to dry out will allow the shock

absorbing properties of the shoe to fully expand after being compressed. Keeping your shoes stored at room temperature will also increase the lifetime of the shoe.

Signs to throw out your running shoes are nagging leg, hip or back pain, a shoe begins to tilt to one side, stress marks cause a 50 percent decrease in the height of the shock absorbing material above the sole of the shoe, you have run 300-500 miles or you have had your shoes for six months.

Finally, never use your running shoes for any other sport. Running shoes are designed for running straight ahead only. The shape of the shoe lends itself to injuries, especially ankle sprains, when used in sports or activities on uneven or slippery terrain, or when extreme lateral cutting is involved.

Proper selection and use of running shoes is the first step in a pain-free running experience. If you have more questions regarding running shoes, running, or any exercise program, contact the physical therapist at your local medical treatment facility. Physical therapists have specialized education in exercise, exercise equipment, and injury prevention and rehabilitation. If you are just beginning an exercise program, you should contact your doctor to rule out any medical conditions which may limit your exercise regimen.

Story by LT Todd Sander, MSC, physical therapist, U.S. Naval Hospital Yokosuka

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3. Events, anniversaries and occurrences, 29 May - 7 June; month of June observances; and Bureau of Naval Personnel Important Dates for June:

MAY

29 May: Memorial Day Observed  
30 May: Memorial Day  
30 May: Muharram (Islamic New Year)  
31 May: National Senior Health & Fitness Day (708/816-8660 or 1-800-828-8225)  
31 May: World No-Tobacco Day (World Health Organization, 202/466-5883)  
31 May: Senior Enlisted Academy Board Convenes  
31 May: Ensign FitReps Due

JUNE

National Hernia Month (1-800-845-8852)  
National Scleroderma Awareness Month (1-800-722-HOPE)  
American Rivers Month  
1 June - 4 July: Fireworks Safety Month (Prevent Blindness America, 1-800-331-2020)  
1 June: Career Nurse Assistants Day (216/825-9342)  
1 June 1980: CNN Began Broadcasting  
3-4 June: Children's Miracle Network (801-278-8900)  
4-10 June: National Safety Week (708/692-4121, ext. 218)  
6 June: National Health Care Recruiter Recognition Day (216/867-3088)

BUPERS IMPORTANT DATES FOR JUNE

1 June: Active O-8 Civil Engineer Corps Board Convenes  
6 June: Active E-7 Board Convenes

6 June: Morning (0600-0800) and Night (till 2200) Detailing  
(Washington, DC, time)  
12 June: Active O-4 Staff Corps -- Medical, Dental, Nurse,  
Supply, Medical Service, Civil Engineer, Judge Advocate  
General, Chaplain -- and LDO Board Convenes  
19 June: Reserve O-4 Line Board Convenes  
27 June: Morning (0600-0800) and Night (till 2200)  
Detailing (Washington, DC, time)  
30 June: E-4 Evaluations Due  
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HEADLINE: World No-Tobacco Day, 1995

CDC Atlanta (NSMN) -- The increase in cigarette smoking worldwide since 1950 has been particularly dramatic in developing countries and has been associated with substantial morbidity, mortality and economic costs. Each year, tobacco use accounts for at least 3 million deaths worldwide. Based on current smoking trends, in 30 to 40 years, tobacco use is projected to cause 10 million deaths annually, of which 70 percent will occur among persons in developing countries. The global health care costs resulting from tobacco use exceed \$200 billion per year -- more than twice the current health budgets of all developing countries combined.

To increase global awareness of tobacco-attributable morbidity, mortality and economic costs, the theme of the eighth World No-Tobacco Day, to be held 31 May 1995, is "Tobacco Costs More Than You Think."

Additional information about World No-Tobacco Day 1995 is available from the Regional Office for the Americas, World Health Organization (telephone 202/861-3200) or from CDC's Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (telephone 404/488-5705). Reprinted from the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Vol. 44, No. 19 of 19 May 1995

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HEADLINE: Morning Detailing Permanent at BUPERS

BUPERS Washington (NSMN) -- The Bureau of Naval Personnel (BUPERS) has decided to make morning detailing a permanent part of its enhanced service to Sailors. Responding to requests from Sailors stationed in Europe and the Middle East, BUPERS started morning detailing on a trial basis in January. The trial period was supposed to continue until June to determine the program's effectiveness, but because of overwhelming success, the program is now permanent.

During morning detailing, detailers are available from 0600 to 0800, Washington time, exclusively for Sailors stationed in the Middle East and Europe. The twice monthly sessions are the Tuesday after the new requisition is released (or Wednesday, if Monday is a holiday). Since the program started, detailers have averaged more than 350 calls during each two-hour period. Twice detailers have fielded more than 400 calls, including one period of 458 calls.

Morning detailing takes place the same day as night detailing. During night detailing, detailers are available until 2200, Washington time, for Sailors stationed on the West Coast, in Hawaii and the Far East. The next morning and night detailing dates are 6 and 27 June.

The morning detailing program was a direct result of Sailors providing concerns back to senior leadership in Washington. Sailors are encouraged to provide feedback through their chain of command or through the Chief of Naval Operations's Career Information Team, which visits yearly to most major fleet concentrated areas.

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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